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Museum
History of Specimens

J. G. D. Ross

Out of the Lavern

Robert

E. Schaffert

69 Washington

Washington Ernest T. Schaffert

Washington Ernest T. Schaffert

Articles wanted

Mary M. Schaffert

Mulvaney

Painted Panels

two fair, round Plan-

Ernest T. Schaffert

W. Schaffert

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lmnopqrstuvwxyz

W. Schaffert

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Preparation No. 1. Head of *Helminis*. Exlected. Rec'd from Prof. A. Rawlinson Augt 1st

R. B. Mason. - Port Co. I. ~~Suppl.~~ Meek Regt. ¹¹

Wounded in the battle in front of Richmond Monday June 30th 1862, was admitted into Epiphany Hospital on the evening of July 4th.

The missile was a minie ball & entered at the outer side of the upper third of the humerus, passed oblique upwards and through the posterior part of the head of the bone, causing several long fissures, extending three inches farther down. The posterior part of the bone is likewise crushed to pieces, three large fragments are connected with the head and extend to the body of the bone, the fissures do not quite extend to the place where the bone was sawn off, the latter being about $\frac{3}{4}$ of an inch farther down, the base making its point of exit, immediately behind the accromion process.

The Patient having had Pneumonia complicated with the wound we were deterred from operating as soon as we had wished. He was put on the best known treatment for Pneumonia to try to get him in a better condition for operating. We did not succeed in this particular and finally concluded to operate. Notwithstanding his objectionable condition for the operation, we thought it was the only hope of saving his life as the wound was suppurating largely, so much so that it was telling severely upon his system. On the nineteenth of July the operation for resection of the Head of the Humerus was performed by Dr D. N. Rankin in charge of Epiphany Hospital, with the assistance of Surgeon P. H. Robinson and Surgeon Coolidge - the form of the flap made was semicircular. It was necessary to remove about four inches of the Humerus. The operation performed - the man died well for some ten days, when his Pneumonic symptoms returned as prominently as ever, in fact assuming the character of Phthisis Pulmonalis, so much so, that at present his case is considered a very unpromising one.

U.S. Vol.

U.S. Vol.

M. Schafford

J. Woodward
Aut Surg

J. Brunton

Washington U.S.A.

W. S. Mrs U.S. Vol.
M. Morgan. Mr. Monb.

W. W. Washington

Washington Washington City St.

Washington November

W. Was
W. W. S.

W. Washington

W. W.
City

W. W.
Washington

W. W.
Washington
Annapolis Washington

W. W.

Preparation No. 2. No Preparation to correspond
John Held - Corporal ~~14th~~ 14th Mich Regt.
Wounded in battle in front of Richmond Tuesday July
1st 1862. The missile was a minnie ball - entered at the
inner side of the right arm about two inches above the in-
ternal condyle of the humerus, passed obliquely downwards
and outwards breaking off both the external and internal
condyles, and also smelting the space between them
considerably - the olecranon process was almost untouched
except by a slightly rough surface on the interior part
which might have been produced by corrosion of gas,
the inner side of the coronoid process of the ulna broken
off - the head of the radius broken up into a number of small
pieces - The arm was amputated at the centre

Specs — The arm was amputated at the centre of the shaft of the humerus. July 20th 1862 by Dr. D. N. Rankin an Ass't. Surg'n in charge of Epiphany Hospital. The Anterior flap operation was the one selected. He did well until July 28th when there was a slight secondary hemorrhage, which was easily checked by the constant application of ice. The flaps are uniting very nicely and his condition at this time is very encouraging.

1889: 11715
L. M. W. 1889
L. M. W. 1889
L. M. W. 1889
L. M. W. 1889

107. Spec. of Fracture of Fibula. Rec'd fr: Capt. Surg: Billings U.S.A. Clifton Hospital
William Jackson Priv. Co. R., 2nd Fla.

Was wounded at the battle of Williamsburg Va. May 5th. On admission to the Clifton Hospital May 10th the ball was found to have entered the middle of the left leg on its inner aspect on a line with the posterior face of the tibia, and passing horizontally directly ~~outwards~~ outwards emerged opposite the fibula. This bone was felt to be fractured. No injury to the tibia could be detected. Condition of the patient good. Ordered generous diet and simple dressing to the leg.

May 22nd. Patient doing well. Loose pieces of the fibula being felt the orifice of exit was enlarged and these removed.

June 1st. Phlegmonous erysipelas has set in extending to the knee. Treatment, externally, quinine and iron; locally free incisions and warm fomentations.

June 7th. The acute inflammation has subsided, leaving interminable sinuses among the tissues of the leg and ankle. The skin of these parts is dusky and oedematous. Discharge of pus profuse. These sinuses were freely laid open and dressed lightly with lint from the bottom. Patient weak with a troublesome diarrhoea.

June 10th. The dusky hue and oedema have disappeared - edges of the cuts look more healthy. Discharge still excessive; patient weak.

June 28th. Has been growing slowly weaker. Diarrhoea unmanageable. The sinuses show but little disposition to heal. The probe for the first time encounters dead bone on the tibia in the track of the ball. Amputation is decided upon and performed in the upper third of the leg by Seale's method.

Patient reacted slowly. Stimulus freely given.
 July 5th. He has been growing steadily worse. Half the anterior flap has sloughed. no action in the remainder of the stumpas. Diarrhoea continues. Pulse rapid and weak. Patient delirious.

July 6th. Died,

Examination of the amputated limb showed a surface of dead bone the size of a ten cent piece on the posterior face of the tibia. Around this a ring of callus had been thrown out. The lower fragment of the fibula was united to the tibia by callus. The upper fragment was free. The muscles up and down the leg were dissected out by the pus.

Dr. Schaphard Woodward M^r Freeman Rose
attending M^r

No. 9. Fract. of Neck of Femur. Regt. of Art. Aug. 1st 1861, Cliftonne Col^l

H. T. Elam Prio. Co. A, 11th Va. Regt.

While in a stooping posture was struck by a round ball, entering just in front of and below the trochanter major of the right side, passing upwards, inwards and backwards, and remaining in the tissues. Severe shock followed the injury from which he recovered but slowly.

Upon his admission May 15th 1862 a careful examination was made of the injured limb, which was two inches shorter than its fellow, rotated outwards and slightly swollen. Ether having been administered, a curved incision was made, including the opening made by the ball, and the fragments removed with some difficulty.

Fracture of the neck of the Femur was discovered, not implicating the head, the inferior portion ~~being~~ ^{was} especially implicated.

The ball was not found after a careful search. The trochanter was not injured. After the removal of the loose fragments of bone, the

was placed upon a fracture bed, the foot firmly fastened to a board screwed to the foot of the bed by means of adhesive plaster, and the foot of the bed elevated, the weight of the body making the ^{counter} extension. He did not react well for four or five hours, the pulse being imperceptible and the skin cold and clammy.

Brandy and beef essence were freely administered and his general condition was soon much improved.

May 20th. Feels very comfortable, suppuration has freely set in - has no pain. Tongue moist and clean. pulse 96. weak. To have generous diet - egg-nog and porter.

May 22nd. Not so well - has some diarrhoea
and much irritability of stomach - vomiting
almost everything as soon as swallowed -
This last however was soon checked by small
doses of Soda Bicarb. with spirits of ammonia. From
this time he gradually sank - the pusular
discharge became very offensive - the diarrhoea
continued and death took place May 29th.
6 O'clock P.M. thirteen days after operation
and twenty-four after reception of injury.
The Autopsy two hours after death revealed
an abscess involving the tissues around the
joint, the acetabulum being carious.
The ball was found in the Pyriformis muscle.
Liver and spleen much enlarged and
congested. Other viscera normal. Parry

Officiorum cardinalium Alfonso Ferris

No 33. Gashed fracture of Head of Femur. F. as before. Buttings, N. C.
Peter Morse, Priv. Co. "B, 1st Va. Rifles,
While standing erect a minie ball struck him
entering the left thigh just below Poynarts
legament, just external to the Femoral
vessels, passing downwards and backwards

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and making its exit through the buttock directly opposite the orifice of entrance. He complained of little pain on his admission to the Hospital. The Posterior ^{opening} was cicatrizing. Limb was $1\frac{1}{4}$ inch shorter than its fellow & adducted. Sanguous pus escaping freely from the orifice of entrance and the foot everted. Pulse almost imperceptible - skin cool and clammy. He was placed upon a fracture bed; the foot made fast by strips of adhesive plaster in the usual manner and the foot of the bed elevated, absorbent dressing applied to the wound and stimulus freely administered. His diarrhoea was present & stringents were also given.

May 24th. Diarrhoea checked - Pulse 112 - weak and irritable.

May 25th. Colliquative Diarrhoea set in again resisting all forms of treatment. He became rapidly weaker and died on the morning of the 26th twenty days after the receipt of injury.

Autopsy, eight hours after death - The neck of the Femur was comminuted - the Head intact and the sound ligament unaltered. A large abscess had formed around the joint ~~burrowing~~ downwards among the muscles of the thigh. Liver large and congested, as was also the spleen. Other viscera normal.

Hebard Woodhead

~~autopsy report~~ ~~all the organs~~

No 19. Fracture of Femur. Rec'd by Dr. Billings, Clifton Hospital, Washⁿ.
Prof. G. C. Christopher 18th S. Co. D.
Admitted May 17th 1863 American, age 21 years.
A robust muscular man but very melancholy and despondent. Was wounded May 5th, 12 days before admission by a minie ball, which entered about two inches below and behind the trochanter major of the left side and passed forwards, upwards and inwards. He was

stooping at the time he received the injury. Had received no attention previous to admission. The tissues about the joint were swollen. the limb presented $1\frac{1}{2}$ inch shortening and was much everted. The opening made by the ball was very small and was discharging a sanguous pus. No orifice of exit.

Pulse 100. Weak. Having etherized the patient a careful exploration was made, revealing a comminuted fracture of the Head and neck of the Femur. On the 20th of May assisted by several members of the Medical Staff I proceeded to remove the shattered bone.

A curvilinear incision about four inches in length, made about one inch behind the Trochanter and parallel to the axis of the limb, clearly revealed the condition of the parts.

The trochanter being unhurt was not touched; the shattered neck was removed piece meal, as also the Head which was divided into two unequal fragments, the larger being still contained in the cavity of Acetabulum; and the smaller lying among the muscles. After removal of the Head careful exploration was made and the ball was discovered lying in Obturator externus and was removed. Very little blood was lost during the operation and reaction took place fairly.

Dr. J. of morphine was given and water dressing applied to the wound. By means of adhesive plaster the foot was firmly fastened to a strip of wood screwed to the foot of the bed and the foot of the bed then being elevated secured both extension and counterextension.

May 21st. Passed the the night comfortably, but now has great irritability of stomach - vomiting very frequently. Pills 115. Small. feeble. Skin cold and clammy. Applied Sinapisms to the Epigastrium. R. spirits. Ammon in small doses. Brandy. Egg-nog and Beef essence. ad libi-

May 23^d. Suspuration has set in. Vomiting checked - Is weaker - no pain - stimulants continued.
May 24th. Grew weaker rapidly. Capillary Hemorrhage took ^{place} from the surface of the incision, readily checked however by the use of Ferri Persulphate, & nemath of Beef essence and Brandy were given in addition to the administrations of those articles by the mouth; but he continued to sink and died at 7 P.M. five days after the operation.

An Autopsy was made twelve hours after death. The soft parts surrounding the seat of injury were found softened and dark in color. A clot of blood weighing about three ounces was found between the Peritoneum and the Iliacus intermus. The other appearances presented were merely such as might be expected from the description of the injury and subsequent operation as given above.

No 8. Compound Fracture of Humerus.

Rec'd. from Dr. S. Billings asst. Surg: U. S. A. Clifftburne Hosp^l. Wash^g
William Gardner. Pr. Co. A. 24th Va. Oct. 45.

Wounded at the battle of Williamsburg May 5th 1862, admitted into Clifftburne Hospital May 14th. He was hit by a minnie ball in the right arm at the junction of the middle and upper thirds, causing a compound comminuted fracture of the humerus. The Ball penetrated the muscles of the back, and made its Exit at the spinous process of the vertebra - Digital Examination revealed the presence of loose bone. On May 17 the fragments were removed. May 20th Up to this time the Patient has been doing well, the wounds have been discharging healthy pus, and his constitution is good. May 24th Erysipelas has set in. Discharge from wounds thin and watery. Local applications of cold water were steadily persisted in Quinine and Iron, Stimulants and a generous diet. May 25. Erysipelas abated somewhat, and the discharge is more healthy.

May 28. Patient doing well. Erysipelas completely cured - Large abscess opened in the forearm, and a free discharge of pus followed. - Dracted Beef Essence &c.

May 31st The patient has had a severe chill, low delirium, brown tongue - pus dark and offensive. Ordered Brandy & concentrated food

June 6th Patient has been sinking fast.

Colliquative diarrhoea set in, & he died June 8th Autopsy. The whole arm undermined by sinuses containing thin watery pus. The soft parts much sphacelated, and the lower fragment of the humerus denuded of the Periosteum to a considerable extent.

In the upper lobe of the right lung, a number of miliary tubercles were discovered; the liver much enlarged and congested, the spleen highly inflamed.

~~W. W. B. 1862~~

Ch. of Epiphany Hosp. pg 2

No. 10. Head of Humerus resected. Gun shot wound. Act. 1st July D.S. Rankin USA

William Varicker Priv. Co. "E. 9th Mass.

Wounded in the recent battle in front of Richmond, on the evening of Tuesday the 1st of July 1862. Was admitted into Epiphany Hospital on Friday the 4th July, the missile being a minie ball, entering at the outer side of the upper third of the Humerus, passing obliquely upward and carrying away one third of the head of the Humerus, also making a triangular fracture of the outer twothirds of that part, the ball continuing in its course upwards crushing the coracoid process of the scapula, and making its exit immediately above the inner side of the supraspinatus fossa. On the 18th July the operation for resection of the upper third of the humerus was performed by Dr. Coolidge, Medical Inspector of Hospitals, assisted by Dr. John D. Britton and Dr. D. N. Rankin. He made the V shaped incision, the base being upwards. In dissecting up the flap, there were large sinuses discovered, especially, a very large one which was much more noticeable than the rest. This one occupied the space between the ribs and Clavicle, which when cut into, discharged more than a pint of unhealthy looking pus. All the pieces of comminuted bone were removed that could readily be taken away, without complicating the operation, as it was supposed at that time that it would be a miracle if the operation proved successful, the system being in such a very bad condition, so much so that in consultation, that it was a long time before it was decided to operate. The incisions ~~were~~ drawn together by sutures, and adhesive plasters, with lint and a light bandage over it and a handkerchief sling to support the arm. The next day the cold water dressing was commenced and continued

ever since, though we found it necessary to put a felt splint on the elbow and forearm to assist in supporting the arm. Since the day the operation has been performed he has been improving rapidly, he has the most nutritious food that could be gotten for him. such as Beef essence, eggs, chicken soup, chickens, mutton &c. He has been taking as tonics, Quinine Muc. &c. Fevi. Brandy punch Porter &c. His condition at this time the 2^d day of Aug. is certainly very cheering.

No 13. Gunshot fracture of Os Calcis.

Done at Capt. Dr. W. Cheever U.S.A. Judiciously Square Hospital, W^oo^o
David Morrison Co. A. 11th Maine.

Wounded at Fair Oaks May 31st 1862. Ball entered outer side of left foot opposite Far-sus and plunged in a direction towards opposite heel. Pro exit, and small wound of entrance. June 7th probed, and sinus found, leading down between several of the tarsal bones, some bare bone, some loose. Passed out of my hands till 27th of June, but has been most of the time going down hill. He was now found much reduced. Pulse feeble and very irritable. Tongue brown, sweating. Hectic. foot largely swollen. A large slough had broken through opposite side from wound, near the Tendo Achillis, with large discharge of pus.

June 28th Aspect very bad. excessive irritability. hectic. feebleness. stimulants largely increased. June 29th The same. foot amputated midway between knee and ankle, by a circular incision in front, and transfixing and cutting flap from Calf of leg behind. Patient's condition during operation was truly alarming. His pulse fell off to a thread under

13.

ether and when he was removed, the respiration continued gasping. $\frac{1}{3}$ pt. of Brandy were poured into him, his head depressed and very little blood lost. He was left lying on the table some hours & then rallied and was removed to bed and fed with eggnog. On examination of the foot the ball was found resting on the inner head of the Calcis, having broken the bone and the astragalus badly; the tibia, & astragaloid articular surface of astragalus, was also eroded.

June 30th. Toletable night, with grs. $\frac{1}{2}$ opium.

~~extrem~~ state feeble, stump well.

No hemorrhage. Stimulate largely - July 3^d has done well. Stump visiting with moderate suppuration. Irritative fever less than before operation - still feeble, continue stimulants

July 16th has gone on improving so far; stump visiting well.

Aug. 1st Leg most well. Dying of tubercles.

No 15. Reection of Elbow Joint - Gunshot wound.

Dr. Act. Appt. Surg. D. M. Cheever. U. S. A. Judiciary Square Wash. D. C.
James Campbell Ct. A. 62nd Pa.

Wounded at battle of Malvern Hill. July 1st
Ball entered at outer condyle humerus, and exit on inner side arm, near bend of elbow
and apparently in front of Coronoid process -

July 18th The arm has become extensively swollen, red and painful - both wounds suppurating - Constitutional state fair -
Explorèd under ether - The outer condyle smashed up and also the head of radius.
the injury has probably extended into the ginglymoid articulation also. At any rate -
the joint is open and liable to suppurative

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action extending itself from the injured
trochlear surface.

July 14th - The elbow joint was excised by an
H incision - The radius was found to be
split below the tubercle and was removed to
that extent. The flaps were brought together
with stitches and adhesive straps and the arm
supported by an inside felt splint - Cold
compress - July 15th Tolerable night, chicken
soup & wine - Opium grs 14.

July 16th Arm swollen and some pain.
" 17th Discharge of good pus - Constitutional
state fair - Exuberant ^{from} ~~granulations~~ wound.
July 19th Bleeding ^(Capillary) checked by ice.
- diminished stimulants - July 20th doing
well again, July 21st Capious bleeding from
inner wound - Arm amputated

No 18. Gunshot fracture of Humerus.

Fr. act. aft. Sun. Billings U.S.A. Clifburne Rock, Washington D.C.
James Chism Priv. Co. H. 38th Virginia
Shot in the left arm at the battle of Williams-
burg May 2nd. Admitted into Clifburne
Hospital May 2nd. The ball ^{entered} median line of
the outer surface, at the junction of the middle
and upper thirds of the humerus, comminuting
the bone and making its exit on the anterior
face. May 16th The wound was enlarged and
a number of large fragments removed; the
limb placed in a comfortable position and
local applications of cold water.

May 18th Erysipelas having made its appearance
in the part it was limited by the application
of creosote and a strong solution of nitrate of
silver applied to the inflamed ~~surface~~.

Constitutional treatment, of Quinine, with
stimulants and generous diet.

May 21st The erysipelas still continues to spread in spite of the most active treatment. Free incisions were made in the arm and a scutellus bandage applied. May 24th The erysipelas is gradually spreading over the body, every remedy failing to arrest its progress. June 1st The patient has been steadily growing worse: the erysipelas having attacked the Head, trunk and extremities.

June 2nd Died.

Autopsy: The muscles of the arm were found to be very much disintegrated; the lower fragment of humerus was surrounded by a good deal of callus: owing to decomposition setting in so rapidly the viscera were not examined.

No. 6. Fracture of Femur through Trochanteric ridge

Pretended to Museum by Frederick Schafirst M.D.

No. 3. Gunshot fracture of Head of Tibia

✓ Fract. apt. by Billings U.S.A. Cliftonne Hosp^t Washington D.C.
 Patrick Doyle: Priv. Co. "E. 9th Mass.
 Was wounded at the battle of "Malvern Hill",
 July 1st 1862. On admission to the Cliftonne
 Hospital July 5th the ball was found to have
 entered the left leg half an inch to the inside
 of the ligamentum patellae, on a level with
 the articular surface of the tibia, and pass-
 ing backwards and a little downwards and
 inwards emerged opposite the inner ham-
 string. The knee was somewhat swollen - the
 wound discharging a good deal of sanguous
 pus. Patient's condition fair. Digital exam-
 ination showed an injury to the tibia.

Two or three small pieces of bone were removed by the necrosis forceps, one of which by its cartilaginous covering was shown to be part of the articular surface of the tibia.

Without going farther, amputation was decided upon but delayed to the next day as the patient wished to see a priest.

July 6th A consultation has decided to save the limb. The leg is dressed in the anterior splint and the most supporting treatment adopted.

July 10th Knee very much swollen, oedematous, joint full of pus, discharging by the upper wound alone. Digital examination showed the cavity of the joint to be clogged with broken pieces of bone, these were all cleaned out and the drainage from the lower wound made free.

July 11th. Still weaker - had a chill in the evening

" 12th Patient growing rapidly worse: has had three more chills. Pulse weak and rapid, tongue brown; pus from knee dark and very offensive, delirious. Brandy and beef essence freely given.

July 13th Died at 11 A.M. with all the symptoms of typhus.

Autopsy: The articular part of the internal condyle of the tibia was found to have been crushed by the ball. The articular ~~cartilages~~ cartilages of the other condyle of the tibia and of the femur were dark and more or less eroded. The pus had burrowed upwards among the deep muscles of the thigh to the middle of its length.

No. 17. Head of Humerus Extracted by Dr. (now Dr. Wm.) Sackley.
Specimen presented by Dr. McMahon

St. Fitz Jas. O'Brien of Genl. Sanders Staff. Was shot while on a scouting expedition near Blooming furnace Va. by a Confederate Cavalry Officer, being about thirty paces from him when

He received the injury. This occurred about Feb. 20th 1862. The ball entered about two and a half inches from the acromion process, passing under the lower edge of acromion and out behind through the spine of scapula. The diagnosis of the surgeon who attended him was, that the joint was not injured. Brig. Surg. Gen. Suckley operated on him, Dr. McMahon assisting; on the 20th. of March at Cumberland Md and removed the head of bone. On opening the joint we found the head of bone splintered and a portion of it completely pulverized. The patient rallied immediately after the operation and was able to sit up in three days. On the sixth day he imprudently sat up for two hours and a half; this over-exertion produced a great deal of prostration from which he never recovered. On the seventh day symptoms of tetanus set in. The disease gradually increased until the morning of April 1st when he died in violent spasms.

No. 20. Fracture of Tibia & Fibula. Rail Road accident

Dr. Appt. Surg. Storrow Eckington Hospital Wash D.C.

A. Marine while intoxicated was run over by the cars. The bone was very much comminuted. The leg was amputated about four hours after the accident. The patient died in about three hours after the operation.

No. 21. Fracture of Tibia & Fibula. Kick from Horse.

Dr. Appt. Surg. Storrow Eckington Hosp. Wash D.C.

A private of a Rhode Island Regiment was kicked by a horse while driving an Ambulance. For nine weeks his leg was kept in a fracture box. At the expiration of this time abscess had had formed in the knee joint and erysipelas had set in. All union had broken up.

18 amputated amputated the leg was amputated above the joint. Recovery complete. E. Schaftrunk

E. Schaftrunk

No. 23. Gunshot Fracture External Condyle of Femur

Fracture of External Condyle of Femur

J. F. Kerns. Private, Co. F, 5th Div.

Age 19, a robust and powerful man. Was wounded at the battle of York Republic June 9th 1862, by an Enfield rifle ball entering the external condyle of the left Femur and penetrating directly inwards. He walked off the field after being hit and did not suppose the injury to be a serious one. On his admission to Hospital June 16th. His general condition was good and he complained of little or no pain. The wound looked healthy and was discharging laudable pers. the joint but slightly swollen and no trace of the ball to be found. the lateral ligament having closed firmly over its track. The limb was placed in Smith's anterior splint and cold water applied. The oedema - discharge and pain having gradually increased however on the 23^d of June. Ether having been given an exploratory incision was made, when it was found that the ball had penetrated the condyle, splitting off a portion, and that the joint was laid open. Amputation was immediately performed at the junction of the lower and middle thirds of the thigh by Antero Posterior flaps, 6 ligatures were applied and the venous hemorrhage was very profuse. He reacted well and seemed to be progressing favorably until June 28th when a severe hemorrhage occurred. July 2nd has been going on very well up to the present date - but difficulty of respiration, with quick and very irregular pulse set in and he died at 12 P.M. in spite of alcoholic and diffusible stimulants.

which was freely administered. Post mortem examination ~~eight hours~~ after death revealed a large coagulum of an amber yellow color completely filling all the cavities of the heart, and the ascending portion of the aorta. The stump was in good condition - the viscera normal.

27th September - 27th October -

No. 16. Comminuted fracture of Humerus. Inner condyle broken off. Gunshot wound

Received at Govt. Surg. D. M. Cheever, U. S. A. Judiciary Square Hosp. Wash. D. C.

Geo. A. Cook - Co. G, 68th Pa.

Wounded at Fair Oaks May 31st 1862. Ball entered just above elbow and passed out transversely across humerus - by the size of the wound it is probably a "minie ball". About 4 weeks after the injury he came under my care. The wound was then suppurating profusely, with laudable pus. Arm swollen and granulating. General state fair. June 25th - Exploration under chloroform. The humerus was found to be fractured transversely, besides being split up about $2\frac{1}{2}$ inches, so that the finger lay in the medulla, and the two fragmants pointed outwards at an angle of 30° .

The condyles were roughened and the inner one broken off - the fractured ends of the humerus were sharp, jagged and comminuted; and as it afterwards appeared the fracture extended through the trochlear surface of the joint.

June 28th. As there was no prospect of separation, and an excision must include all the parts from the upper third of the arm to the tubercle of the radius, Amputation was performed at about three inches below the shoulder, by the circular method. June 29th. Doing well.

June 30th - Very comfortable - no hemorrhage.

July 1st - Chills - otherwise well. Quinine gr^s $\frac{1}{2}$, every four hours. July 2nd Bad chills two and three times a day. vomiting - sweats - aspect

bad, but stump looks well - Calomel and opium sappgs. every hour, until easy and vomiting relieved - also continue beef tea and stimulants. July 3^d. Looks badly - complexion a little jaundiced - chills occasionally - tongue brown and dry - respiration hurried - pulse small - stump well -

July 4th. Increase of all bad symptoms - quite yellow skin - respiration quickened - sinking - at 11 a. m. copious but not very rapid hemorrhage from stump: Sank and died in an hour. Pyaemia?

No. 22. Communited Fracture of Tibia. Gunshot Wound

Dr. D. W. Cheever Asst. Surg. U. S. A. Indiana, Queen Hospital, March 20, 1863.

Michael Garvin: Co. D, 69th N. Y.

Ball entered outer side right leg, and passed out through calf, behind - Track of ball transverse, and about 2½ inches above ankle joint.

July 10th Leg explored with finger, under Chloroform - Fibia found badly shattered, with loss of substance, through which fingers could be passed - Fibula sound - ends and fragments jagged and foul - Constitutional state fair -

July 12th Leg swollen and puffy, also foot - foul dirty pus in profuse quantities from upper wound, which is large and gaping.

July 14th Less swollen - July 18th - There being no apparent effort at separation and being very doubtful whether the patient could survive so long a process as the natural restoration of his limb would take, the leg was amputated, by circular method below the knee.

July 20th - Doing well so far -

26. 77 - 11 am

No. Clot in Primitive Carotid. 11 Days after Ligation
 Rec'd from Dr. J. H. Lang, U.S.A., Surgeon U.S.A., Judiciary Square Hospital, Washington
 Michael Spacht: Co. D, 52 Pa.

Ball entered left mastoid process, passed behind inferior maxillary bone, just under outer corner left eye. There was but little suppuration; but repeated small hemorrhage daily, both in front and behind. In the evening of June 10th one fortnight after receipt of injury, profuse hemorrhage came on, which was checked by pressure and Ferri per sulfite. Early the following morning June 11th, hemorrhage recurred profusely. The left common Carotid ^{was tied} above the omlo-hyoidean. In the course of the day slight bleeding occurred from wound. Afterwards all bleeding ceased excepting that in the course of the week following; there were small bleedings from the incisions made for the Carotid, but not from the main vessel itself. The wound in head remained dry, not suppurating freely. The aspect of the patient was chlorotic and feeble June 15th. An abscess behind left ear opened and much sanguous pus evacuated.

June 17th. All dressing removed - wound suppurating - Egg-nog and beef tea.

June 18th. (Four days after ligation). Found him considerably paralyzed on right side. Difficulty of articulation - febrile. June 19th. His involuntary - chills.

" 20th. Same - Quinine grs. 1/2 every two hours
 " 21st. Slight bleeding from incision, again - aspect very chlorotic - paralysis in - complete but constant. looks badly.

June 22nd slight hemorrhage again from neck.
 " 23rd failing rapidly - June 24th. Died at 8 A.M. 11th day after ligation and three weeks from injury - Post mortem - Artery found

22.

perfectly plugged with a white fibrous clot.

No. 45. Communication fracture of Humerus. Bullet wound

J. Surgeon Dr. E. Summers U. S. A. Genl Hosp't. Alexandria

William H. Compton: Priv. Co. A, 28th
Regt. A. S. Vols. Admitted August 12th 1862.
Was wounded by Minie ball at the battle of
Cedar Mountain, August 9th. Ball entered
four inches above the external condyle, anter-
iorly, passed through the shaft of the humerus
communiquing it very badly, and making
its exit posteriorly three inches above the in-
ternal condyle. The consequence of two attacks
of secondary hemorrhage, was amputated by
Surgeon John E. Summers U. S. A. on the 21st
of August, as low down as possible by double
flaps.

Dr. E. Summers, Surgeon U. S. A. Genl Hosp't. Alexandria

No. 56. Fracture of Fibia, Tarsus & Metatarsus, Shell wounded.

J. Surgeon Dr. E. Summers U. S. A. Genl Hosp't. Alexandria

Eugene Palmer: 6th Maine Battery.
Was admitted into the Hospital Aug. 12th 1862
with a wound of right foot and ankle; caused
by a piece of shell. Wounded at the battle of
Cedar Mountain Va. Aug. 9th 1862. The limb was
intensely swollen and edematous to the knee.
The openings were discharging a dark colored and
offensive fluid. The general condition of the patient
was favorable, and as the only means to save life
it was determined to amputate.

By direction of Surgeon John E. Summers the
operation was performed at the knee joint
by Surgeon E. Bevittig U. S. Vols. on the 14th of
Aug. The anterior operation leaving the patella
was selected. Upon dissection the third meta-
tarsal the inner and middle cuneiform bones
were found fractured, together with compound

communited of the lower third of the tibia. The fibula was intact. The patient rallied and is doing well, and the stump presents a healthy appearance. Constitutional symptoms subside.

No. 42. Fracture of External Condyle & Shaft of Femur - Gunshot wound

Dr. Surg. Dr. E. Sumner U.S.A. Martin House Gen. Hosp. - area = 8²

Jeremiah Scanlon: Priv. Co. A, 3² Md.

Was wounded at the battle of Cedar Mountain Aug. 9th 1862. Ball entering above the external condyle of left thigh passing directly through from front to rear, badly comminuting into the shaft of the bone an extent of four inches ending in an oblique fracture at that point.

Infiltration of soft parts from anterior superior process of ilium to spine of the fibia.

Amputation by direction of Surgeon Dr. E. Sumner performed by Capt. Surg. Philip Adolph circular method. Patient died Aug. 28th 1862.

No. 36. Comminuted Fracture of Humerus. Gunshot wound

Dr. Surg. Dr. E. Sumner U.S.A. 9th St. Church Hosp.

W. A. Emerson: Co. H, 16th Mass.

Aged 25, a watch maker and in excellent health. Admitted July 4th 1862, wounded at the battle of "White Oak Swamp" June 30th. The ball entering about 2½ inches below the shoulder antero-internally making its exit postero-externally and producing a comminuted fracture of the Humerus. The wounded was in a bad condition full of maggots and the pus unhealthy. The maggots were eradicated by Labarragues solution. An effort was made to save the limb by dressing it on an internal angular splint, the loose fragments of bone were extracted and he was placed on Iron, Quinine, Milk punch &c. as he was

much exhausted. July 19th there being now no hope of saving the limb the wound being in the same condition Dr Coolidge amputated the limb in the surgical neck of the bone by lateral flaps and cold water dressing applied.

Aug. 15th the wound is almost entirely cicatrized with no unfavorable symptoms and mostly by first intention. His strength is gaining and as soon as he is able to go home he will be discharged. Result Recovery -

No. 28. Fracture of Radius & Corpus. Gunshot wound

F. ac. ap. surg. Reene W. 9th Church Aspl.
William Williamson: Co. F. 71st N. Y.

Aged 24, a coal miner since 10 years of age. Admitted July 4th 1862. His health being run down and exhausted, his mind sluggish and despairing as was to be expected from his occupation. Was wounded June 25th in the left wrist, the ball probably wounding the Radius, Ulna, cuneiform and semi-lunar; the wound of entrance not very large, that of exit (anteriorly) very much larger. Posteriorly were a number of sinuses extending (extending) to the base of the thumb and also others among the muscles of the forearm. An attempt was made to save the limb by cold water (and Labarraque for the maggots which were presented in great numbers) preparatory to resection. He had also persistent diarrhoea. His health however ran down so fast that he could not stand the resulting suppuration and on July 20th I amputated the forearm at the junction of the middle and upper thirds by the circular operation. Aug. 15th. The wound is almost healed. There has been a large number of abscesses from about the stump which have retarded his recovery greatly. He has

been on Iron Quinine, Brandy Punch, wine negus broths, Porter &c. Result recovery.

No. 31. Gunshot fracture of femur immediately above Condyles.

Fracture and Gunshot wound of knee.

N. B. Bryant Priv. Co. K, 19th Miss.

Aged 25. Nervous, despondent and weak. Two bullet holes an inch apart and on the same level, were found on the inside of the left knee over the condyle. The leg was much swollen and suppuration profuse, but the joint could be moved without giving pain or eliciting crepitus. Digital examination showed that one ball had entered the internal condyle of the femur and that the other had probably passed upwards, as an abscess existed running up the anterior part of the thigh under the muscles. Pulse 100. - weak - tongue moist - skin dry -

May 19th (Fourteenth day after injury) Ether having been given an exploratory incision was made, revealing such an amount of injury that amputation presented the only resource, which was accordingly performed at the junction of the lower and middle thirds, the antero-posterior flap operation being the one selected. The bone was sawn across $\frac{1}{4}$ of an inch above the termination of the sub-muscular abscess, the ball having dropped out when the anterior flap was cut. The ~~other~~ ball had passed through the condyle and was lying in the lower extremity of the medullary cavity. Two arteries only were tied. Reaction was rapid, patient restless and anxious. Gr. j. of morphine was given with Pulv. Camph. gr. ij.

May 21st. Profuse discharge of thick chocolate colored fluid from the stump. Chills at 2 P.M. pulse 120, fluttering. Brandy, egg-nog and beef essence were given freely. Quinine, Sulph.

gr. iv every three hours. May 23^d Diarrhoea has set in and the femoral vein is swollen hard and painful. A blister was made over the track of the great vessels by means of Argent. Nit. Stimulation continued. His condition gradually became worse and on the morning of the 26th a gangrenous spot was discovered at the lower part of the stump, which was immediately circumscribed with pure Nitric Acid. At this general condition improved slightly, but he died very suddenly at 3 P.M. seven days after the operation.

Autopsy: Four hours after death. No union between the flaps. Femoral, profunda and saphena veins inflamed and containing pus, the morbid action extending to the common iliac. White flecks of lymph in the femoral vein. On the heart a large firm fibrinous clot was found in each side, extending from auricle to ventricle and binding down the auriculo-ventricular valves. Liver large and pale.

No. 32. Gunshot wound through Internal Condyle of Femur

Fr. Agt Capt Sny. Billups 1st Lt. U.S. Artillery Corp. Wm. D. G.

J. Dunlap: Pov. Co. A, 13th La.

Aged 29, At the battle of Williamsburg, May 5th 1862, while kneeling upon the ground, he was struck by a ball which entered the left knee, just above and internal to the Patella and passing directly backward emerged by the side of the inner hamstring. He walked about two hundred yards after the reception of the injury, and has suffered but little pain. Upon his admission May 17th the joint was slightly swollen, but not hot nor tender. The openings made by the ball were very small and discharging a moderate quantity of pus. No con-

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stitutional disturbance was present, appetite good. Sleeps good, bowels regular. Absolute quiet of the limb was enjoined; light absorbent dressing to the wound: Half diet. The case progressed favorably until May 22nd when febrile symptoms began to manifest themselves, and the joint became hot and painful. Sedatives were given with cold applied to the joint, but without producing more than temporary relief, and amputation was finally determined upon, and performed on the 30th of May. The circular method was used and the bone divided at the junction of the lower and middle third of the thigh. Six arteries were ligated. Upon examination of the joint it was found that the ball had passed directly through the internal condyle of the Femur, but had not splintered or shattered the bone any. A small opening connected the track of the ball with the cavity of the joint; which last was filled with sero-purulent fluid. He reacted well after the operation and is at the date of this report, June 6th, in very good condition.

No. 130. Fracture of Cranium. From Actg. Wst. Drane. Winchester Va.
Calvarium fractured by a railroad accident. The man was violently thrown to the ground and died five days after the injury. No full history furnished.

No. 131. Gunshot Fracture of Parietal Bone

Dr. Smyth Moses USV. Harewood Hosp^l Wash² D. C. Va.
Luke Carney: Priv. Co. B. 2nd Pa. Res.

Admitted into Harewood Hospital Sept. 4th 1862, having received a gunshot wound at the second battle of Bull Run, two days previously; the ball striking the middle of the parietal bone two inches below the sagittal suture. On receiving the wound he fell insensible and remained so for fifteen minutes, after

which he recovered and walked about. On admission he had full power over the limbs and his appetite was good - the scalp was torn and the skull for an inch was depressed and comminuted; and it was supposed the ball had entered the skull. Gradually he began to feel more depressed, then confined himself to his bed and finally on the 7th lost the power of his left arm and leg. On the evening of the 9th he was unconscious and on same night took a cathartic which operated freely and next morning he could speak and was fully conscious and complained of pain in the head. I saw him about 5 P.M. on the 10th, he lay unable to move his left side, which was nearly insensible but warm - he protruded his tongue but partially - his deglutition was impaired and his voice thick and inarticulate - On examining the wound I found a depression of half an inch about the size of a 25 ct. piece, comminuted, but evidently no ball had entered the brain and the injury had been produced by a round ball somewhat spent. I removed all the pieces - the fragments were so pressed into each other that neither elevator nor forceps could remove them. I applied a trephine and sawed nearly through, which seemed to loosen them so that by some nice manipulation all the fragments were removed. The dura mater and surface of brain was torn and injured - bleeding from a small branch of the temporal artery was easily checked and the parts were covered with ice cold water. The patient was under the use of chloroform during the operation and it did not produce any bad effect. At 10 $\frac{1}{2}$ P.M. 3 $\frac{1}{2}$ hours after the operation he was considerably improved - The severe pain which he had complained of for days previous to the operation ^{he drank with great difficulty just previous to the operation} was now gone - the paraplegia is now relieved. 12th Slept soundly all night, but a constant gurgling in his throat - there is a constant discharge of pus and blood from the wound which looks well - his voice is still thick and the general symptoms the same - He is perfectly sensible -

13th Lost ground rapidly - became comatose and died P.M.

Washington City D.C.
January 12th 1866

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Dr. Schaffner

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